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ABSTRACT OF A PAPER ON THE ANATOMY AND PHYSIOLOGY OF JOINTS.¹

BY HARRISON B. ALLEN, M. D.

THE purpose of a limb being subservient to both support and motion, it is reasonable to expect to find in certain joints the former predominating, and in others the latter. When the purpose of support is conspicuous, the joint may be called a static joint; when, however, this purpose is subordinated to flexion (*i. e.*, deviation from the line of support), the joint may be said to be dynamic.

The most striking distinctions between the static and the dynamic articulations lie in the relations of the opposed surfaces. To explain this portion of my remarks some previous consideration of the significance of movable joints is necessary. I premise that the typical ball and socket joints are found only where a well-defined ball is embraced by a perfect socket. No such joint is found outside of the vertebral column. While the articulations between the bodies of the vertebræ are included in the amphiarthroses, the central intervertebral mass nevertheless constitutes a true ball, and the opposed vertebral surfaces and the thickened peripheral fibrous bands uniting the bodies constitute together the socket within which the ball plays. But in the limbs the so-called ball and socket joints are but portions of balls playing within partial sockets. In the usual meaning of the phrase, therefore, any segment of a spheroidal surface applied to a concave surface may be said to be of the ball and socket or enarthrodial variety.

To resume the interpretation of my proposition. It is found that the varieties of such joints, and of their significance, whether they be static or dynamic, are determined by the relations of the two surfaces. If the ball is in the socket, rest is suggested, but if it is suspended from the socket, motion.

The occipito-atloid articulation may be presented as an example of the static joint, and the temporo-maxillary articulation as the dynamic joint. Obviously the latter joint maintains its relations more easily

¹ Read at the meeting of the International Medical Congress, before the Section on Biology.

than the former, which as a rule has large and important muscles aiding thereto. Witness the muscles about the shoulder, hip, and mandible compared with those about the occipito-atloid articulation. The term swinging joint may be applied to this variety.¹ I think it may be concluded from the above that the dynamic joints are most liable to dislocation, and the static joints least so. Thus in the lower extremity the hip-joint is dislocated more frequently than the astragalo-scapoid joint, and in the upper the shoulder-joint is displaced more frequently than the metacarpo-phalangeal. The dislocation of the occipito-atloid is almost unknown.

The facets upon the opposite ends of bones are arranged in the order of the succession of the bones themselves in a given limb. The most evident arrangement is to have a facet upon the proximal and distal surface of each bone, in such wise as to allow the longitudinal axis of the bone to answer to the centre of each facet. These may be termed primary facets, since they are the most constant in any series of studies, and are least subject to change in special apparatuses.

Assuming that the generalization of Goodsir is correct, that a process sent from the main shaft of a bone, as from the ribs of many animals, as fishes and birds, may be termed a rayed process or actinopophysis, I suggest that the same term may be given to the branched process in a forked rib. If this be conceded, I think it not improbable, in the event of both the shaft of a bone and its actinopophysis becoming facet-bearing, that such ray-borne articular surface may receive the name of actinic or secondary surface. I believe that the inner femoral condyle is an instance of such a surface.

The remainder of my remarks will be in application of the above data to the study of joints, including new observations of some special forms of articulation. In the knee-joint, for example, I think it can be shown from the shapes of the articular surfaces that the outer femoral condyle is the static or axial half, and the inner the dynamic or swinging half. This study involves many details which would take too much time to enter into at present. Suffice it to say, however, that when a person stands erect the femur rests upon the tibia as a ball in its socket chiefly through its outer condyle. In flexion this condyle is "switched off" (chiefly through the action of the popliteal muscle) on the external semicircular disc, while the swinging of the inner condyle of the tibia upon the inner femoral condyle is the gliding of a shallow concave surface on the tibia over a slightly convex surface on the femur.

The term "switching off," as applied to the outer femoral condyle in passing from extension to flexion, needs explanation. The outer tibial

¹ In the static the increase of weight adds to the utility of the apparatus; in the dynamic the increase of weight impairs the same, which must be complemented by increased muscular or ligamentous power.

condyle is observed to be convex toward the tibial spine. It is evident that if any portion of the convex surface of the femoral condyle come in contact with this convexity, no support is possible. This is what takes place when the knee is flexed. But when it is extended, the femoral condyle is placed firmly in a tibial concavity, the inner boundary of which is now formed by this eminence. As above stated, the outer semilunar cartilage is the factor producing this change.

The outer tibial condyle is a true saddle surface, modified by the presence of the semilunar cartilage. The best example of a pure saddle surface is seen on the proximal surface of the trapezium. Here the convexity increases also toward the inner border. The first metacarpal bone of the thumb may be described as lodged upon this convexity in flexion of the thumb, and as relaxed or "switched off" in extension. It is evident that this lodgment and relaxation must be limited by appropriate ligaments. Inordinate or uncorrelated motions determine dislocation.

Dislocation and fracture do not always depend upon the degree of force but upon its direction, as well as upon the state of the body at the time of the accident. *A priori* it is more difficult to dislocate a static joint than a dynamic. But the associated muscles of the latter kind may so fix the joint as to make dislocation an impossibility. If, however, muscles be surprised, the dislocation is then easy. It appears that in most instances of dislocation this actually occurs.

A careful study of a fall with the hands prone shows that bones break more frequently than they luxate for the reason that the muscles are prepared for the shock, and also that the lines of conduction of the force answer to the points of support or of suspension as already given.

The limbs of many lower animals, such as the wings and feet of birds and wings of bats, exhibit special adaptation in joints by which muscular power is economized. Joints thus fixed may be said to be locked. Application of this principle to some joints of human anatomy is practicable. Thus for example the knee-joint is nearly immovable at forced extension and forced flexion, but freely movable at points between. It is probable that a careful study of other joint surfaces will show similar adaptations, notably the larger swinging joints, such as the shoulder and hip. In conclusion I may invite attention to the close harmony existing between one joint or portion of joint of a limb and all others of its kind. When we see the influence of a muscle such as the tensor vaginae femoris or biceps flexor exhibited throughout the entire lower extremity, we are taught the fallacy of endeavoring to fix any given joint by an apparatus embracing the joint only. *The entire limb must be at rest before any of its joints can be.*

ABSTRACT OF THE ADDRESS ON MEDICAL CHEMISTRY AND TOXICOLOGY

DELIVERED BEFORE THE INTERNATIONAL MEDICAL CONGRESS AT PHILADELPHIA, SEPTEMBER 5, 1876.

BY PROFESSOR THEODORE G. WORMLEY, M. D., COLUMBUS, OHIO.

PROFESSOR WORMLEY first referred to the intense desire of the ancients to make nature reveal secrets which would be of use in healing disease. He next called attention to the rapid growth of the science of chemistry.

Two years ago the centennial of chemistry was holden in the home of Priestley, discoverer of nitrous oxide gas. The writings of Benjamin Silliman on the contributions of America to chemistry show what we have done. After the discovery of nitrous oxide, Humphry Davy began to experiment with gases. Many have labored in this field. Some of the valuable men, like Davy, emerged from pharmacy to become chemists. We cannot dis sever pharmacy from chemistry, and must admit that the pharmacutists of America have contributed much to medical advancement. Then followed a sketch of Rush, in connection with the University of Pennsylvania, as the earliest professor of chemistry in the United States. In the Medical Department of Harvard University Aaron Dexter was appointed to the chair of chemistry in 1783. In 1792 Dr. Mitchell was appointed to a professorship in the New York University. In 1797 Mitchell published the *Medical Repository*, the first chemical journal in the United States. In 1793 John McClean was made professor of chemistry in Nassau Hall. In 1795 Benjamin Silliman was made professor of chemistry in Yale. In 1805 he edited the *American Journal of Science and Art*. Chemical work in our medical schools has not been markedly scientific, but there is now decided improvement shown in the laboratories of Harvard and the University of Pennsylvania. Dr. Robert Hare was made professor of chemistry in the University of Pennsylvania in 1818. In 1820 he announced his discovery of the oxyhydrogen blow-pipe, which made him famous at home and abroad. In 1828 he published a compendium of chemistry. In 1818 John Borden published a work on the Elements of Chemical Science. This was the first work of the kind issued in the United States. Dr. Robert Coxe, who was appointed to a professorship in the University of Pennsylvania in 1809, exerted a great influence in the development of pharmacy. He was active in giving lectures to clerks of druggists, and was the originator of the first American school of pharmacy. In 1821 Dr. Jackson was appointed professor of materia medica in this school, and was the first to occupy such a chair in this country. George B. Wood was made professor of chemistry, and was followed by Dr. Bache.

Together, these two gentlemen published the United States Dispensatory in 1826. Dr. William Proctor, however, contributed more to the growth of pharmacy than any other American of the century. The second school of pharmacy was established in New York in 1829.

Dr. Wormley next reviewed the contribution of Americans to chemistry and materia medica. Bloodroot was discovered in 1803. The alkaloid sanguinaria was first isolated in 1828. *Lobelia inflata* was another indigenous production, a species of tobacco, and a remedy among the aborigines. Proctor isolated from this plant a liquid alkaloid as its principle. The next native remedy was hellebore, or *veratrum viride*. The Indians used to select their chiefs by its means. The Indian who could bear the largest quantity was made chief. The speaker then referred to *veratria*, complimenting Dr. H. C. Wood, Jr., for his valuable experiments with the same. In 1831 Guthrie, of New York, mixed lime and alcohol, and so discovered chloroform, though he gave it another name. At this time it was called chloric ether. It was discovered in various places in this country and abroad at about the same time, and received various names. Dumas finally discovered its true character, and gave it the name of chloroform. In 1776 Priestley discovered nitrous oxide, and gave it the name of diphlogisticated oxygen. Davy was the first to inhale it and to discover its power. In the United States it was for years used as "laughing gas" for popular amusement. So at first was ether. In 1844 Horace Wells, of Hartford, inhaled nitrous oxide gas, and had a tooth extracted without pain while under its influence. In 1846 Dr. Morton, of Boston, began experiments with ether in the Massachusetts General Hospital under Dr. John C. Warren. James Y. Simpson, of Edinburgh, a year later introduced chloroform into general use. Thus Davy's idea of anæsthesia in 1800 was realized by the introduction of nitrous oxide gas in 1844 by Wells, of ether in 1846 by Morton, and of chloroform in 1847 by Simpson.

In 1869 Austin Flint, Jr., wrote a paper on the Excretory Function of the Liver, which took a prize in Paris. Cholesterine was then discovered.

Toxicology. — Before the present century little was known of poisons, save their deadly effects. In regard to arsenic, Professor Wormley said that as late as 1824 Christison declared all the known tests for this poison to be unsafe and unreliable. He then gave the history of the various tests for arsenic which are now so well known, so delicate, and so reliable. In 1824 Robert Hare made the first color test for opium, namely, by the per-salts of iron, which strike a blood-red color with meconic acid. Strychnia and the tests for this poison were next referred to.

Professor Wormley then alluded to the report of Professor George F. Barker of the trial for poisoning by strychnia, in which remarkable symptoms were developed. Various papers on digitalin, atropia, and

woorara were then noticed, especially those upon the latter poison by Hammond and S. Weir Mitchell. Dr. Mitchell's famous experiments with and paper on the Venom of Rattlesnakes then received complimentary mention; also his striking discovery of the insusceptibility of the pigeon to opium, from which were evolved novel results, for Dr. Mitchell discovered that, while the pigeon could bear huge doses of opium, the alkaloid narcotina was found fatal to this bird. The contrary effect was observable in man.

RECENT PROGRESS IN THERAPEUTICS.

BY ROBERT AMORY, M. D.

Alcohol.¹—In the first of these papers Dr. Brunton presents the action of alcohol on the blood corpuscles: on the white corpuscles by first increasing and then diminishing their amœboid movements, and on the red corpuscles by lessening their power of giving off oxygen. It is not easy to state what effect upon the system the change in the amœboid movements may induce, but it is easy to conceive that the above-named action on the red corpuscles will diminish the oxidation of tissues, and hence interfere with its *constructive metamorphosis*. "Now both the functional activity of organs and the production of heat in the body depend on the processes of oxidation within them, and it is obvious that any interference with these processes is not likely to be beneficial so long as they going on in a healthy way and not too rapidly." Moreover, if fat-producing materials be taken into the system along with alcohol, the result will be to increase the deposit of fat under the skin, and if the alcohol be taken in excess, fatty degeneration of the organs will also occur. In fever this property which alcohol possesses of diminishing oxidation is very useful, for it retards an increasing temperature and thus prevents destructive metamorphosis, which latter effect a high temperature will produce, without necessarily increased oxidation, as in pyrexia.

Dr. Brunton then discusses the mooted question whether alcohol undergoes oxidation in the body, and reviews the experiments and observations noted to date. He says, "From a survey of all the evidence on this subject, I think we may conclude that, in moderate doses, alcohol undergoes combustion in the body, and will supply energy, yield warmth, and tend to sustain life in the same way that sugar would do, and is therefore to be reckoned as a food. At the same time it has a power of diminishing oxidation, which prevents its employment as a food to any great extent in health, but greatly increases its utility in disease."

¹ Dr. T. Lauder Brunton, Practitioner, February, 1876. Dr. B. W. Richardson, Lancet January, 1876.

With regard to its effect upon the endurance of man in muscular exercise, Dr. Brunton says, "If he only requires to make a single effort and can rest afterwards until he has replaced his exhausted store, the additional temporary strength obtained by using alcohol may enable him to overcome an obstacle which would otherwise have baffled him, but if he has to make prolonged exertions alcohol is injurious." He deduces this law from Professor Parkes's record of the exertions of soldiers in the Ashantee war.

In Dr. Richardson's paper, after reviewing in chronological order the opinions of others upon the use of alcohol as a stimulant in disease, the author attempts to study its medicinal action by the use of recent light derived from a study of the physiological action of alcohol. We must give Dr. Richardson the credit of his own saying that he had no prejudice against alcohol as a remedy when he began his studies, but we cannot refrain from remarking that his prejudice must have commenced soon after that time. He considers that persistent dyspepsia, flatulency, irregular action of the bowels, hæmorrhoids, excessive exhaustion under moderate physical exertion, and great mental depression under slight mental disturbances, extreme nervous excitability, etc., "are in nearly every instance caused by alcohol, and that the only successful treatment is total abstinence." Every physician will admit that these symptoms may be the effects of chronic alcoholism and dram-drinking, but how many cases with these same symptoms may be found in persons who drink no alcohol? Dr. Richardson would go further: "The phenomena described are the symptoms of alcohol when it is taken in what is commonly presumed to be a moderate . . . quantity."

He next attempts to prove that acute hæmorrhage is made worse by the use of an alcoholic stimulant, and in chronic hæmorrhages he would absolutely withdraw the use of alcohol. "In the treatment of hæmoptysis it has been my practice at every stage of my medical career to enforce abstinence from alcohol as a part of the treatment."

It does seem as if Dr. Richardson did not weigh with sufficient care the results of experiments and clinical experience of other men of modern times.

*Iron as a Reconstructive Agent.*¹—M. Dujardin-Beaumetz is not a believer in the therapeutical virtues of iron in anæmia and chlorosis. Notwithstanding the existence of a lessened quantity of iron in the blood of anæmic and chlorotic patients, he says that this diminution is of very little consequence, being ten to twenty centigrammes, at the most, of the total amount of two grammes of iron contained in five litres of the blood of an average-sized adult. Now, according to Bous-singault, the daily food introduces into the body ten to twenty centigrammes of iron; consequently, the loss of iron may be made up by

¹ Société de Thérapeutique, Paris, Séance de 26 Avril, 1876.

the food alone. Therefore, instead of supposing the mineral tonics to replace directly what the blood lacks, it is much easier to believe, he says, that these act in anæmia simply as stimulants; and in order to enrich the blood we should have recourse to those medicinal agents which excite nutrition.

In young girls M. Beaumetz is much better satisfied with gymnastic exercise and hydrotherapy than with ferruginous medicines. Moreover, if the latter are oftener powerless in chlorosis, they produce harm by disturbing the digestive functions. Arsenic is of more value than iron.

M. Moutard-Martin, at the same meeting, considered that ærotherapy, in the form of baths in compressed air, was even better than the hydrotherapy proposed by M. Beaumetz.

*Guarana in Headache.*¹—This remedy is contra-indicated in that form of headache which is chronic, because it increases arterial tension by excitement of the heart, and elevates the temperature by exaggerated oxidation. Even after its use in neuralgic headache, phenomena of its poisonous action may be observed from the appearance of a *malaise* more distressing than the headache which has disappeared under its remedial agency. A certain patient suffering from a facial paralysis due to a central lesion took guarana with the effect of producing redness of the face, staring eyes, slight irregularity of the pulse, moisture of the skin, delirium, dullness of hearing, and vesical and intestinal spasms. Dysuria is a frequent phenomenon.

*Farinaceous Diet versus Nitrogenous Diet in Epilepsy.*²—Dr. Merson gives an account of the treatment in twenty-four cases of chronic epilepsy by two different kinds of food, one of which consisted very largely of nitrogenous material, and the other contained no animal food, but consisted of milk (?), arrowroot, potatoes, bread and butter, and oat-meal. Twelve patients were allowed nitrogenous and twelve others farinaceous food, and all were kept under observation for four weeks. The physical and mental condition, together with the number of fits, were carefully and daily noted. At the end of four weeks the weight of each individual was taken for the second time (the first having been recorded before the above dietetic régime), and then the diet of those who had been fed with the farinaceous food was changed to a nitrogenous diet, and those who had received nitrogenous food were allowed only the farinaceous diet. After another four weeks the weights were again taken, and all the patients were then allowed to resume their ordinary dietary. From a review of the whole evidence furnished by his observations, Dr. Merson concludes that there are fair grounds for the deduction that farinaceous food is more suitable for epileptics than a mixed or nitrogenous diet.

¹ Wurm, Würtemb. Corresp.-Bl., xlv. 30, 1875.

² West Riding Reports, and Dublin Journal of Medical Science for May, 1876.

*Ergotin in Mania.*¹—Van Andell reports his experience with the hypodermic use of ergotin in certain cases of acute mania, as, for instance, in those which suddenly become maniacal after pæmonitory and slight indications of impending insanity, as denoted by restlessness of mind and body. Having noticed that a congestion of the head, reddening of the face, forcible pulsation in the carotid arteries, injection of conjunctivæ, contracted pupils, were prominent symptoms, he is disposed to attribute all these to a hyperæmia of the cerebral vessels and membranes. Van Andell considers opium and its derivatives especially contra-indicated under such circumstances. In private practice, where these cases most often occur, the use of prolonged baths is impracticable. The use of tartar emetic, which would fulfill the indications, is contra-indicated on account of its injurious effects on the organs of digestion. Having observed that the experiments of Brown-Séquard and Hermanides demonstrate that ergot causes a contraction of the cerebral vessels and induces anæmia of the brain, Van Andell employed ergotin by hypodermic injection. As the result of his clinical observations he records a diminution of excitement, ravings, and outcries, and states that frenzy gradually ceased. Though still insane, the patient became more manageable, and sometimes fell into a refreshing sleep. In one case only was the injection followed by local abscess. In the other cases ergotin was quickly absorbed, or a circumscribed swelling appeared, which was slightly painful on pressure, but which gradually subsided.

*Domestic Dosage of Medicines.*²—Dr. Farquharson by direct experiment has discovered that although the drop is generally considered as equal to a minim, its variations are very wide, namely:—

56 drops of distilled water	= 60 minims.
113 " " tinct. opii	= 60 "
114 " " tinct. digitalis	= 60 "
100 " " liq. morph. hydrochlor.	= 60 "
80 " " oxymel scillæ	= 60 "
75 " " syrup. papaveris	= 60 "
45 " " glycerine	= 60 "
114 " " spts. ætheris nitrosi	= 60 "
112 " " tinct. camph. comp.	= 60 "
55 " " acid. sulph. dil.	= 60 "
55 " " olei ricini	= 60 "
110 " " spts. terebinth.	= 60 "
100 " " ol. anisi	= 60 "

The shape of the bottle also influences the size of the drop, but not to the same extent as the nature of the liquid. Moreover, the capacity of tablespoons (usually estimated at half a fluid ounce) varied from five to eight drachms; that of dessertspoons from four to six drachms; that of teaspoons from eighty minims to two drachms.

¹ Allgemeine Zeitschrift für Psychiatrie, Band xxxii., Heft 2, and Dublin Journal of Medical Science for May, 1876.

² British Medical Journal, February 26, and London Practitioner, May, 1876.

*Hydrochlorate of Apomorphia.*¹—Dr. Jurasz, observing how difficult it has been to obtain pure apomorphia, made some experiments with this drug in order to establish the indications for its use. As an emetic it possesses similar properties to tartar emetic and more certain action than ipecacuanha, and can fulfill the indications in cases of difficult swallowing and in that kind of impeded respiration which can be easily relieved by the act of vomiting. Its administration by subcutaneous injection is the most effective, and no local ill effects follow its use in this way; if, however, the dose be too small, no effect will be noted, and, if too strong, violent vomiting, followed by symptoms of collapse, will occur in young children; yet the collapse is not so great as that induced by the tartrate of antimony and potassium. In a few moments after its introduction, headache, faintness, and præcordial distress will follow, and these result in vomiting. After the completion of vomiting sleep ensues, with symptoms of collapse, salivation, and sweating, and in younger children the effects are more rapid, with the production of pallor, apathy, and coldness of the surface of the body. As a rule, all disagreeable effects of the drug disappear in two hours. Its use is of especial benefit in adults suffering from dyspnoea, severe bronchitis, and emphysema. While modifying the mucous secretion and acting powerfully and readily, it does not increase the expiratory efforts as do senega, benzoin, and ammoniacal preparations, but it facilitates the discharge of mucus from the air-passages in much the same way as ipecacuanha and tartar emetic. Dr. Jurasz used a one per cent. solution, in the dose of a tenth of a grain, with children of the age of ten years.

(To be concluded.)

MEETING OF THE INTERNATIONAL MEDICAL CONGRESS.²

WEDNESDAY'S PROCEEDINGS (concluded).

Section of Dermatology and Syphilology. Prof. Freeman J. Bumstead, of New York, read his paper on the Virus of Venereal Sores, its Unity or Duality, to an interested audience.

The term "virus" is here understood in the broad sense of contagious principle or poison.

Bassereau, in 1852, by means of the "confrontation" of patients, established the existence of two diseases, one local and the other constitutional, in the complex affection before known as syphilis. He was followed by a school of dualists, who claimed for the local sore (as well as for the constitutional disease) a specific virus of its own, incapable of generation *de novo*. This claim was overthrown by the experiments of Henry Lee, Boeck, and others, who showed that the secretions of syphilitic lesions could be auto-inoculated with

¹ Deutsches Archiv für klin. Med., Bd. xvi. 1.

² Continued from page 332.

the effect of producing chancroids. The assumption, in reply, by the dualistic school of a "mixed chancre," containing two kinds of specific virus, proved insufficient. Henceforth, the existence of a specific virus belonging to the chancroid must be abandoned.

The same experiments were also supposed to prove the transformation of the syphilitic into the chancroidal poison. This conclusion, however, was too hasty. Together with the secretions of syphilis, the products of simple inflammation had been inoculated; if these alone would produce the same result, then they were the guilty factor. That such is the case is proved by the experiments of Dr. Edward Wigglesworth, Jr., of Boston, performed in 1867-68, although not hitherto published, and by the more recent ones of Kaposi and others, whereby it is shown that the inoculation of simple pus will produce pustules and ulcers, re-inoculable in generations, and bearing every characteristic of the chancroid. While adhering, therefore, to the doctrine that the poisons of syphilis and the chancroid are distinct, the reporter rejects the idea that the chancroid has a specific virus of its own, and believes it to originate in inoculation of the products of simple inflammation. His conclusions were stated as follows:—

(1.) The virus of venereal sores is dual.

(2.) Venereal sores may be due to the inoculation of the syphilitic virus and also to the inoculation of the products of simple inflammation.

(3.) These two poisons may be inoculated simultaneously.

Prof. James C. White read a valuable report on the Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization. The opinions presented by Dr. White upon this subject were based upon the analysis of five tables which he had prepared: (1) showing the comparative occurrence of the more common diseases of the skin in twenty thousand consecutive cases in American dispensary practice; (2) showing the relative occurrence of the more common skin diseases in dispensary and private practice in Boston; (3) showing the comparative prevalence of these affections in American and European dispensary and hospital practice; (4) their comparative prevalence in European and American private practice; and (5) the relative prevalence of some of the rarest forms of disease in America and Europe.

The following propositions were offered as warranted by the data therein presented:—

(1.) Certain obscure affections, the etiology of which is little understood, may be regarded as wholly absent from America. Of such are prurigo, pellagra, etc.

(2.) Certain diseases connected with poverty and uncleanness are less prevalent in the United States than in Europe. Examples of this class are the animal parasitic affections.

(3.) Some cutaneous affections of grave character, and dependent upon serious constitutional disorders, are of less frequent occurrence and of milder type amongst us than in Europe. Lupus, the syphilodermata, and leprosy are the most marked instances of this class.

(4.) Certain disorders of the skin, especially those of its nervous and gland-

ular systems, are more prevalent with us than in Europe; the most notable examples being herpes, urticaria, pruritus, seborrhoea, acne, etc.

Section on Obstetrics. Dr. Washington L. Atlee read his paper on the Treatment of Fibroid Tumors. It was fully discussed, Dr. Kimball, of Lowell, taking part.

The conclusions of Dr. Wm. Goodell's paper, on Tuesday, namely, The Mechanism of Natural and Artificial Labor, were as follows:—

Regarding then the mechanism alone of labor in narrow pelvis, to which the scope of this paper is strictly limited, the following conclusions are arrived at:—

(1.) The unaided first-coming head and the aided after-coming head observe in a flat pelvis precisely the same general laws of engagement and of descent. Hence version here means art *plus* nature.

(2.) The forceps, however applied in a flat pelvis, antagonizes more or less with the natural mechanism of labor. Hence the forceps here means art *versus* nature.

(3.) The aided and the unaided first-coming head observe in a uniformly narrowed pelvis precisely the same laws of engagement and of descent. But version violates these laws. Hence, the forceps here means art *plus* nature; version, art *versus* nature.

(4.) That at or above the brim of a flat pelvis, the fronto-mastoid, or even the fronto-occipital, application of the forceps interferes less with the molding of the head, and violates the natural mechanism of labor less than the biparietal application.

(5.) In the flat pelvis, the vectis aids the natural mechanism of labor, and therefore meets the indications better than the forceps.

THURSDAY'S PROCEEDINGS.

Dr. Bowditch offered some resolutions declaring the importance of the work done in the surgeon-general's office, regretting that appropriations were inadequate, and providing that a committee of three be appointed to memorialize Congress. The resolutions were adopted.

In the report of the Section on Surgery, the following propositions, offered by Dr. Van Buren, were adopted:—

Tufnell's treatment of aneurism by rest, position, and restricted diet offers a valuable resource in thoracic and abdominal aneurisms.

It should always be tried in innominate, subclavian, subclavo-axillary, and iliac aneurisms before resorting to measures attended by risk to life.

For aneurisms of the subclavian and iliac arteries the Hunterean operation, with our present means of preventing secondary hæmorrhages, is not justifiable.

For reasons formally set forth by Holmes and Henry Lee, the "old operation" cannot properly be substituted for the Hunterean operation in these cases, but should be held in reserve for special cases.

It is the most safe surgical resource in gluteal aneurism, if the circulation can be commanded by the hand *in recto*.

The mode of cure by embolism aimed at in the method of manipulation is a not infrequent explanation of what is called spontaneous cure of aneurism.

The value of Esmarch's bandage in the treatment of aneurism is probably not fully estimated.

In view of the promising features presented by the cases of Levis and Bryant, in which horse-hair was introduced into an aneurismal tumor, the repetition of this operation, or the substitution for horse-hair of Lister's prepared catgut, or other animal substances, may be properly tried.

The Section on Medicine reported the following resolutions:—

On the question, "Do the conditions of modern life favor specially the development of nervous diseases?" reported by Professor Bartholow, of Cincinnati, Ohio, the section voted "that the paper of Professor Bartholow be referred to the congress with a recommendation that it be published in the transactions, but without an expression of the opinion of the section on the question involved."

On the paper of Dr. W. B. Nestel, of New York, entitled *The Ætiology of Epilepsy*, the section voted "that the paper be referred to the congress for publication."

The Section on Mental Diseases reported the following conclusions of C. H. Hughes, M. D., of St. Louis, on the question of Simulation of Insanity by the Insane:—

"It is not only not impossible for the insane to simulate insanity for a purpose in any but its gravest forms of profound general mental involvement, but they actually do simulate acts and forms of insanity for which there exists no pathological warrant that we can discover in the real disease afflicting them."

The report of the Section on Biology was merely a list of three papers read before that section by Professor Radner, of St. Petersburg, and one by Dr. J. G. Richardson, of Philadelphia.

In the Section on Dermatology and Syphilology the afternoon was mainly occupied by the reading and discussion of Dr. E. L. Keyes's paper on the Treatment of Syphilis, with special reference to the constitutional remedies appropriate to its various stages, etc. Some of the points made by Dr. Keyes were:—

"We do not claim that mercury cures syphilis, but that it removes certain elements of the disease. Iodine not only aids mercury, but does not yield a hair's breadth to any other form of treatment. Iodine does not require prolonged use. Mercury is not debilitating, but tonic in small doses, and may be taken for a long time. Cases treated from the beginning with mercury do not reach the third stage. Continued treatment may be kept up two and a half to three years, and should be continued for six months after the disappearance of symptoms. Many patients treated at the Bellevue Hospital become cured, marry, and have healthy families.

In the Section on Medicine an interesting but very lengthy paper on the Influence of High Altitudes on the Progress of Phthisis was read by Dr. Denison, of Denver, Col.

The Section on Surgery enjoyed a field day in the discussion of Dr. Sayre's paper of the day before. It will not soon again happen that Professors Gross and Agnew of Philadelphia, Dr. Campbell of Georgia, Dr. Brodie of Detroit, Dr. Post of New York, Dr. Hingston of Montreal, Mr. William Adams of

London, Mr. Lister of Edinburgh, Dr. Sayre of New York, Dr. Moore of Rochester, Dr. Robertson of Ontario, Canada, and others will engage in so earnest a discussion.

To give more than an outline of a two hours' debate would require too much space.

Professor Gross opened the discussion by saying that he could not agree with the second conclusion of Dr. Sayre's paper (that coxalgia is almost always traumatic in origin, and is not necessarily connected with a strumous constitution). He thought this an error. He always asks concerning a coxalgic patient, "Has this child received a blow, a fall, a contusion?" The general answer is *No*. We are safe in saying that inquiry in the majority of cases would thus result. Doubtless coxalgia is sometimes the result of injury, but not necessarily so. Coxalgia *cannot* occur in a child not laboring under constitutional degradation. It is as impossible as the occurrence of consumption without a forerunning debility. In case of abscess, what is the character of the pus which follows the knife? Manifestly it is strumous, like the sputa of phthisis. Turning to Sayre, Gross asked, "Have you ever seen any other kind of pus issuing from a diseased hip-joint?" "No," replied Sayre. "That settles this point, then, and shows the constitutional condition of the patient. It occurs at the hip-joint because that is the weakest part of the child, or it arises because of suppression of cutaneous perspiration. It may be hereditary. One or more members of the patient's family will be found to be consumptive, to have had caries of the spine or of the bones or a syphilitic taint. I maintain that the part is in a predisposing condition. Unless this predisposition exists, I believe coxalgia is not liable to arise."

Dr. Campbell, of Georgia, said: "I believe coxalgia is frequently due to traumatic cause. It has been my experience that the child has had a fall or some injury. But the fall or injury would *never* have caused such a disease in a healthy child. Scrofula is invariably present. It is a manifestation of general vice of constitution. While I fully agree with Dr. Sayre in his objection to too early operative interference, and although his views have helped me, I cannot agree with him in regard to coxalgia in healthy children. It is a manifestation of constitutional taint, syphilis, or scrofula."

Dr. Hingston, of Montreal, said: "It is difficult for us to depart from early teaching. Until within twelve years I believed that coxalgia was strumous. Since then I have changed my opinion. In twenty-nine cases collected by me I believe I traced twenty-six to traumatic injury. In six children of the same parents and grandparents, one becomes afflicted with coxalgia; not the unhealthy child of the six, but the healthiest, the child who is most active in climbing, falling, etc. So soon as this child can run about without aid it takes care of itself, but before this, from its activity, is apt to fall and become injured. Is the cause traumatic or constitutional? If traumatic, what need of constitutional treatment? if constitutional, what need of surgical appliances?"

Dr. Moore, of Rochester, N. Y., said: "My firm conviction is that this particular joint becomes affected because it is small in comparison with other joints, as the knee or the ankle. It is not much larger than the elbow or shoulder joint, and much more exposed to strain, and is gripped by big muscles, which

in case of injury become rigid, thus holding the joint almost immovable. I do not believe in hereditary taint. I think Pott's disease is a cause, not a symptom, of consumption."

Mr. Adams, of London, said: "I believe coxalgia has a traumatic origin, and that it is an affection of the round ligament. We seldom see recent coxalgia in post-mortem cases, but Axel Key found the round ligament (post mortem) slightly inflamed and some serum in the joint. In another case similar conditions were found, but no bone disease. There may be two causes of coxalgia; (1) irritation and inflammation of the round ligament; (2) bone disease. This is the opinion of Axel Key."

Dr. Agnew, of Philadelphia, said: "I believe it probable that a slight injury from a fall, a trip, a twist of the joint, generally starts the inflammation, but behind and beyond all I believe there is constitutional taint."

Dr. Brodie, of Detroit, said: "My opinion is that the disease starts in the cartilage and develops therefrom."

Mr. Lister, of Edinburgh, said: "Whether the disease be constitutional or not has no bearing on the treatment. Take a case of cancer. We admit it to be constitutional. If removed by operation, even the local manifestations disappear. How many patients there are who live to be healthy after struma of the cervical glands. If we admit scrofula at all, we must admit that it exists in coxalgia. As to the efficacy of treatment, in Edinburgh we make cures in the majority of cases."

In the discussion on coxalgia, Dr. Sayre asked, If there be constitutional taint, how can we, how do we, cure by rest and local treatment without a grain of medicine? How do we cure without constitutional treatment?

He then quoted a case in which, six years ago, he performed exsection on a girl whose joint had suppurated for years, and whose life was at the very lowest ebb. The case recovered perfectly without taking a particle of medicine. In answer to the question, Why is there sometimes congenital luxation of the femur without coxalgia? he said that he did not believe there ever was a case of congenital luxation, and thought the term a misnomer. The apparent luxation is only a lack of development of the head of the bone.

Dr. Sayre's propositions were finally accepted.

FRIDAY'S PROCEEDINGS.

The business session of the International Medical Congress was resumed at ten o'clock this morning at the University of Pennsylvania, with Professor Gross, the president, in the chair. It was announced by the secretary that the register contained the names of four hundred and eighty delegates.

After the proper reference of reports from the various sections, Dr. N. S. Davis, of Chicago, offered the following:—

Whereas, This congress marks an era in the history of medicine in the United States of America, the addresses delivered presenting a summary of progress in the various departments which will be of great historical value in all coming time; and

Whereas, It is highly probable that these addresses, in connection with the many very valuable papers read and discussed in the sections, will require for

their early and proper publication more money than will be in the hands of the treasurer for that purpose ; therefore

Resolved, That the committee on publication be authorized and instructed, as soon as practicable after the final adjournment of the congress, to ascertain the probable cost of publishing the full transactions in a style appropriate for the work ; and if the money on hand is found deficient, they shall address a circular letter to each American member of the congress asking for such additional sum, not exceeding ten dollars for each of such members, as will supply the deficiency ; and that said committee be authorized to withhold the volume, or volumes, when published, from any member who may neglect or refuse to pay the additional sum required.

Resolved, That the committee on publication be authorized and requested to exercise a careful and liberal discretion in preparing and revising the proceedings and reported discussions in the several sections for publication in the transactions of this congress.

The resolutions were adopted.

The Sanitary Section yesterday adopted the following propositions appended to the paper by Dr. Henry Hartshorne upon the Disposal and Utilization of Sewage : —

(1.) Every plan for the laying out or extension of a city or town should have, as an indispensable part of it, a corresponding or co-extensive plan for the continuance or substitution of the natural drainage of the locality, and for the proper construction of a system of sewers.

(2.) The question in regard to the removal of waste and impurities from towns is not as to the maintenance of sewers, but as to whether they should be depended upon alone, or should be supplemented, more or less largely, by other measures of conservancy.

(3.) Every sewer not supplied with a sufficient flow of water to secure the transportation of its contents is a nuisance intensifying the evils it ought to remove. Ventilation of sewers will mitigate but not entirely correct such evils.

(4.) Conditions sufficient for sanitary security are afforded by the discharge of sewage at a considerable distance from a town into the sea or into a large and rapid river of which the water, at least for many miles below the exit of the sewers, is not used for drinking.

(5.) The earth-closet method of removal of excreta is, theoretically and practically, satisfactory in a sanitary aspect, the obstacles to its general adoption belonging only to economy and convenience.

A proposition offered, which affirmed that the sewage irrigation of arable land, well underdrained, is, when practicable, the most economical method of disposal of sewage, and that it is free from well-grounded sanitary objections, was not concurred in by the section, which declined to express an opinion upon that subject, and considered it still open to investigation.

A memorial from the Women's National Temperance Union was received, calling the attention of the congress to the subject of intemperance, and was referred to the Section on Medicine.

The communication received on Wednesday from the American Temperance

Association, and which was then laid on the table, was taken up and subjected to a like reference.

One of the sections presented the following suggestions by Dr. Woodworth, Supervising Surgeon-General United States Marine Hospital Service, relative to the subject of quarantine:—

Quarantine should embrace general sanitation applied to the endemic homes of the infectious diseases, to ships, and to the exposed places. It is impracticable to apply a uniform system of quarantine to all places without reference to differences of geographical condition and climate, the commercial relations of the countries concerned, and the specific character of the disease to be combated. Hence the measures enforced should be modified to meet the requirements of each case, taking into account the liability to infection of the port threatened, the period of incubation of the disease, the length of time consumed in the passage of the vessel, and the sanitary measures enforced on board during the voyage. If these latter are recognized by the health authorities as they should be, this would furnish a strong incentive to proper ship sanitation—a most important aid in the exclusion of cholera and yellow fever. The consular officers of the government should assist by giving timely warning of the outbreak of the disease and of the sailing of suspected vessels. The thorough disinfection of infected articles should be insured, while it must be borne in mind that disinfectants are not so much needed as cleanliness, and that their value depends in a great measure upon the manner of their application.

Dr. Woodworth maintains that by applying to the sanitary supervision of ocean trade and traffic such practical measures as are indicated by experience, the hindrances to commerce will be lessened and greater security against the introduction of cholera and yellow fever afforded.

At eleven o'clock Dr. John P. Gray, superintendent and physician of the New York State Lunatic Asylum, Utica, N. Y., proceeded to read a paper on Mental Hygiene. He took up the subject, dwelling upon it from individual, national, and social points of view.

An address on Medical Literature was next read by Lunsford P. Yandell M. D., late professor of physiology in the University of Louisville, occupying nearly an hour, and at its conclusion the addresses read yesterday, as well as those of to-day, were on motion referred to the committee on publication.

Prior to adjournment, which took place at one o'clock, it was announced that an invitation had been extended the congress to inspect the Medical Department of the University, the University Hospital, and the Pennsylvania Hospital.

In the Section on Sanitary Science Dr. Ezra M. Hunt, of New Jersey, read a paper on The Present Relations of Pharmacy to the Medical Profession, and the following conclusions were adopted:—

(1.) The interests of society and of the medical profession render it desirable that the furnishing of medicine should be surrounded with greater safeguards.

(2.) There are reasons why pharmacy should be regarded as a specialty within the precincts of the medical profession.

The Section on Medicine referred the paper of Dr. Charles Denison, of Denver, Col., on The Influence of High Altitudes on the Progress of Phthisis, but without an expression of opinion on the part of the section.

Dr. Squibb read a paper on An Universal Pharmacopœia.

Section on Dermatology and Syphilis. In regard to the question previously referred to, Are eczema and psoriasis local diseases, or are they manifestations of constitutional disorders? the following conclusions were reported:—

(1.) Eczema and psoriasis are distinct diseases; the former is to be closely distinguished from artificial dermatitis, and the latter from the eruptions of syphilis, scaly eczema, and leprosy.

(2.) Eczema and psoriasis cannot own a double causation or nature, at one time local and at another constitutional, but with other diseases may have a two-fold cause, a predisposing and an exciting one.

(3.) Eczema and psoriasis in many of their features resemble the accepted constitutional diseases more than they do those recognized as local.

(4.) Eczema is most properly likened to catarrh of the mucous membranes; it is very probable that some attacks called catarrhal are eczema and psoriasis of the mucous tissue.

(5.) Both eczema and psoriasis resemble gout and rheumatism in certain respects, and are dependent upon a somewhat similar, though as yet unknown, constitutional cause; much of the skin-lesion must be looked upon as the local result or remains of the diseases.

(6.) There as yet exists no microscopical or physiological proof that eczema and psoriasis are the sole result of local cell-disorder, either congenital, acquired, or due alone to perverted nerve action.

(7.) Local causes play a very important part in the ætiology of eczema; they are probably inoperative in psoriasis.

(8.) Local treatment alone is often insufficient to remove the lesions of eczema and psoriasis, and it cannot prevent or delay relapses. Its success does not necessarily demonstrate the local nature of the affections.

(9.) Constitutional treatment alone and singly can cure many cases of eczema and psoriasis, and can prevent or delay relapses in a certain proportion of cases; under constitutional treatment is included every agency which cannot properly be classed among local measures.

(10.) The total weight of evidence and argument is that eczema and psoriasis are both manifestations of constitutional disorders, and not local diseases of the skin.

The conclusions of Dr. Charles H. Nichols, of Washington, D. C., Superintendent of the Government Hospital for the Insane, in his paper entitled The Best Provision for the Chronic Insane, were as follows:—

That provision for the chronic insane should be made by constructing buildings in connection with the several hospitals for the insane.

That it is not desirable to construct institutions solely for the care of the chronic insane.

The section accepted and approved the above. With regard to the number of patients that may be most advantageously accommodated in one institution, there was some difference of opinion in the section.

Section on Biology. We give elsewhere an abstract of Dr. Harrison B. Allen's interesting paper which was read before this section.

The section work to-day was less active than on preceding days.

The most attractive paper was probably that of Mr. William Adams, of London, whose subject was Subcutaneous Division of the Neck of the Thigh Bone. Mr. Adams not only read a most instructive paper, but by means of a pelvis and femur he demonstrated his operation, showing and using the peculiar saws which he has invented for this operation. The incision is to be made at right angles to the long axis of the neck of the bone, but before the knife enters the tissues the surgeon must be certain that he knows just the position of the head of the bone. If the direction of the bone be not carefully calculated, serious error might result. Out of twenty-three cases of this operation, five of which were performed by Mr. Adams, one death only resulted from the operation, and this was in the case of a very strumous boy eight years of age, whose joint was not in condition for operation. One of Mr. Adams's cases, that of a girl, was followed by deep-seated suppuration, and the patient died eight months after the operation. He asserted, therefore, that the operation is a safe one, and that danger may be kept within very narrow limits by care in the choice of the *time of the operation*. The bone remains natural in size. In children who are not strumous but little caries results. The operation was originally limited to adults whose hip-joints were ankylosed, but now all children are operated upon. When the neck of the bone cannot be operated upon because of the destructive effects which it has suffered, then the operation should be division of the shaft just below the small trochanter. Cut from without inward, placing the flat of the knife against the femur, then turn the edge and cut down to the bone. After this introduce the saw in the same way, namely, with the flat of the blade against the bone until the requisite depth is reached, then turn the teeth against the bone and "wriggle" through, and a good joint will be obtained. Mr. Adams prefers his saw to the chisel, which is apt to jump and be uncertain.

The long bones can be divided in this way anywhere. Mr. Adams's saw has a powerful handle, precisely like the butt of a pistol; the blade is straight, narrow, and strong, the teeth occupying a length of only about one and a half or one and a quarter inches. Ankylosis may occur, but there may also be free motion for a year after the operation.

Dr. Post, of New York, remarked that American surgeons are under a debt of gratitude to Mr. Adams for his operation, and for the benefit which he has thus conferred on science. His results are highly satisfactory. Dr. Post quoted a case, in which he made use of the Rhea Barton procedure, which was followed by gangrene. The post-mortem examination found the artery twisted around the short fragment. It was the first occurrence of such an accident, and he mentioned it to call attention to what might happen after this operation.

A delegate from Iowa then said he did not wish to take any glory from Mr. Adams, but felt he must refer to a case which came into his hands twenty years ago, and in which there was shortening by fracture. He knew that by the Rhea Barton operation he could get straightening, but not elongation of

the bone. After consulting every surgical work at his disposal, and securing the sanction of his medical society, he undertook his own operation. A large needle of soft iron attached to a chain-saw was passed close around the bone, and out at the aperture of entrance. Then the bone was cut through, and by subsequent treatment was lengthened, and the patient grew up to manhood with a leg which allowed him to enlist as a soldier in the late war.

Prof. Joseph Pancoast remarked that it seemed to be thought that Rhea Barton in dividing the femur took out a section of bone. He did not do this, but simply cut through with his own saw, and thus got a useful false joint. Professor Pancoast did not add, as he ought to have done, that he himself was the inventor of the removal of wedge-shaped sections of bone for the cure of deformity in the leg caused by ankylosis.

Dr. Sayre asked Mr. Adams how long he continued extension after his operation, and when he began it.

Mr. Adams said that he began extension on the fourth day and kept it up three or four weeks, but that every week he chloroformed his patient, removed the dressings, and set up passive motion for a time. This is done in order to prevent ankylosis.

Dr. Sayre said that in his cases he set his saw just above the small trochanter, cut upward, then outward, and then downward, following a general curve. He next cut through the bone again, taking out a section, thus making a good joint. Though he found Adams's operation much better, still he thought it would be an improvement to keep up more motion, and that we could finally get and preserve mobility if we were more patient and persevering.

Dr. Richardson, of New Orleans, related a case in which a washerwoman had dislocated the head of the humerus into the axilla. On moving the bone he broke it. He then pressed the smaller fragment firmly into the glenoid cavity and kept it there. After a few days he began passive motion of the lower fragment. To-day this woman has good motion, and does not even know there has been a fracture.

A question having been raised as to how much the muscles will lengthen under extension, Dr. Moore, of Rochester, said that a student of his made experiments upon muscles and embodied the results in his inaugural thesis, which was published in the *American Journal of the Medical Sciences* for 1857. He found that the small muscles required great force in order to become stretched. For instance, the foreleg of the sheep required a weight of three hundred pounds in order to stretch five eighths of an inch. The experimenter was Dr. Bly. Dr. Moore said it had just occurred to him that, following Mr. Adams's operation, danger of ankylosis might be prevented by applying an extension weight of several hundred pounds to the limb.

A gentleman from Belgium had remarked that in attempting to diagnose the condition of a limb in which there was immobility at the hip-joint he almost invariably fractured the femur. In some portions of France this was resorted to, as an operation. The femur having been fractured intentionally a correct position could then be obtained. The examination was always done during anæsthesia. The speaker asked Mr. Adams whether he made his preliminary examination under anæsthetics. If not, he thought it easy to fall

into error, for the limb might be apparently ankylosed as a result of rigid muscles, a condition which was always overcome by chloroform.

Mr. Adams replied that he always examined under chloroform; had even tried the fracture as an operation, but did not like it, because he could not be certain of the seat of the fracture. "Sometimes," he said, "I cannot break the bone when I want to do so, and sometimes it breaks when I do not wish it to fracture. The operation of the Iowa gentleman [alluded to above] was certainly a great success." He then said that he should hereafter always adopt Dr. Sayre's suggestion, to make early extension, and that he should enjoin a more frequent use of passive motion, for in this way he believed that we might succeed in preventing ankylosis after the operation.

Prof. Joseph Pancoast, in reply to a question, said that it was Graham, of Chicago, who first used the gimlet in boring in several directions a bone which he wished to fracture. It was then easily snapped at the right place, and deformity at the knee-joint was successfully overcome and the limb perfectly straightened. The popliteal artery is liable to injury.

Mr. Lister said that in Edinburgh ankylosis in a soft condition of the limb was very rare. Patients are not allowed to get into a position in which ankylosis after operation can occur. In regard to the extensibility of muscles, he said that in his own cases he had found forced and prolonged extension a bad procedure. He quoted one case in which the working pulley and a weight of several pounds were used. He thought all was going on well, when at the end of eight weeks, to his great discomfiture, he found the lame limb much longer than the sound one, and of course there was no union. This was abundant proof that the muscles can be stretched. The weight used was about twelve pounds.

This discussion was followed by the reading of a paper on Penetrating Wounds of the Abdomen, with suggestions regarding a change of practice in such cases, by Professor Dugas, of Georgia.

A paper was then read by Dr. Keyes, of Cortland Village, New York, On the Propriety of Opening the Sac in Strangulated Hernia. The writer advocated the operation because of the impunity with which the peritoneum can be cut.

Prof. Joseph Pancoast then carefully explained what his procedure was in strangulated hernia, a mode of operation which avoided the necessity of opening the sac.

Dr. Post, of New York, said that he would as soon perform the Cæsarean section in a case of miscarriage as open the sac of a strangulated hernia when unnecessary.

Mr. Lister said that as it was late and other work was on hand, he thought it would be unfruitful to give further time to the discussion of the paper of Dr. Keyes.

In the other sections less work was done than on previous days. The Section on Biology did nothing. The Section on Medicine listened to and earnestly discussed the papers of Dr. Lebert, Dr. Hunt, and Dr. Howard. In the Section on Obstetrics Dr. James P. White's paper on Chronic Inversion of the Uterus attracted much attention. In the Section on Dermatology

and Syphilis Dr. Engelstet read an exceedingly entertaining and instructive paper on Measures to prevent the Propagation of Venereal Diseases in Denmark.

SATURDAY'S PROCEEDINGS.

The International Medical Congress met again this morning in the University of Pennsylvania, Professor Gross presiding.

Reports were read from the different sections. On the paper of Dr. E. M. Hunt on Alcohol in its Therapeutic Relations as a Food and a Medicine, the Section on Medicine adopted the following propositions, and referred them to the congress :—

(1.) Alcohol is not shown to be a definite food by any of the usual methods of chemical analysis or physiological investigation.

(2.) Its use as a medicine is chiefly that of a cardiac stimulant, and often admits of substitution.

(3.) As a medicine it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administration or for the enormous evils arising therefrom.

(4.) The purity of alcoholic liquors is in general not as well assured as that of articles used for medicine should be. The various mixtures when used as medicine should have definite and known composition, and should not be interchanged promiscuously.

Professor White offered the following resolutions, prefaced with appropriate remarks :—

Resolved, That the officers and trustees of the University of Pennsylvania are hereby tendered our cordial thanks for the very liberal use of their excellent buildings for the meetings of this International Medical Congress.

Resolved, That the officers and trustees of the Jefferson Medical College are hereby tendered the cordial thanks of this congress for the use of their lecture-room for the most interesting lecture of Dr. J. J. Woodward, U. S. A.

Resolved, That the Centennial Medical Commission of Philadelphia and the president and other officers of the International Medical Congress of 1876 are hereby tendered the cordial thanks of this congress for the most excellent manner in which its members have discharged the arduous duties devolved upon them, and by which our pleasure and profit have been so much enhanced.

Resolved, That the cordial thanks of the International Medical Congress are especially due to Drs. Thomson, Wilson, and Strawbridge, and to Messrs. H. C. Lea and J. B. Lippincott for their generous hospitality.

Dr. Grant, of Ottawa, Canada, arose and stated that at a meeting of the members of the Canadian medical delegates, held yesterday, the following resolutions were adopted unanimously :—

Resolved, That the Canadian members of the International Medical Congress desire to express their sense of the great consideration and urbanity with which they have been treated by the officers and members of the Centennial Medical Commission, and beg, by this resolution, to tender their warm thanks for the same.

Resolved, That the Canadian members of the International Medical Congress most cordially join with the other members of the congress in thanking

the members, and citizens of Philadelphia, for the generous hospitality extended to its members throughout the present session.

Southern members expressed in warm language their heartfelt happiness in the consciousness that, no matter what may have occurred between the Northern and Southern sections of the country, the medical profession had ever remained a united, kindly brotherhood.

Dr. Sayre, of New York, offered the following:—

Resolved, That this International Congress request our president, Professor Gross, to sit for his portrait, and that the committee of publication be instructed to have the same engraved and printed in the frontispiece to the volume of our transactions.

Dr. Bowditch presented this resolution:—

That we, a brotherhood of physicians from the North, South, East, and West of this country, hereby tender to our associates from other lands our most earnest wishes that they may have safe and happy returns to their homes, and we would suggest the hope that they will carry back many pleasant memories of this fraternal meeting now closing, and which has been most appropriately held in this generous and noble city of Philadelphia.

Professor Charles J. Hare, of England, read the following expression of congratulation from the delegates of Great Britain:—

The delegates from Great Britain to the International Medical Congress at Philadelphia beg to congratulate the president and the several committees on the complete success of the congress, on the high value of the various addresses presented to it, and on the forward impulse which it has given to the progress of medicine in the widest sense of that word. They desire at the same time to express in the strongest and warmest terms their sense of and their thanks for the unmeasured kindness and courtesy and the unbounded hospitality with which they have been received on this Centennial occasion, and to add that they will carry back with them a most grateful recollection of that warm right hand of fellowship which has been so warmly extended to them by their brethren of the United States.

This paper was signed by Charles J. Hare, M. D. (Cantab.), F. R. C. P., late Professor of Clinical Medicine in University College, and Physician to University College Hospital; R. Brudenell Carter, F. R. C. S. Eng., Hunterian Professor of Surgery to the Royal College of Surgeons of England; William Adams, F. R. C. S., President of the Medical Society of London.

Professor Gross arose, and as president said there were no resolutions to act upon in this instance, but the remarks were received with grateful consideration.

The resolutions offered above were seconded by various delegates in appropriate speeches, and adopted unanimously.

Pursuant to order, the hour of eleven having arrived, Nathan S. Davis, M. D., Professor of the Principles and Practice of Medicine in Chicago Medical College, proceeded to deliver an address on Medical Education and Medical Institutions, at the conclusion of which the congress adjourned *sine die*.

Thus terminated the most successful, earnest, enjoyable, and above all the most scientific medical gathering which ever met in America. If we may judge

from the expressions of sincere pleasure, and of agreeable disappointment, too, which have been constantly uttered by the foreign delegates, it is probable that they also shared in the universal satisfaction to which this congress has given rise.

A. W. K. NEWTON VERSUS H. O. HOUGHTON ET AL.: JUDGMENT FOR THE DEFENDANTS.

IN our issue of September 16, 1875, there appeared an editorial article entitled *How Coroners are Appointed*, criticising Governor Gaston's action in appointing to the office a certain A. W. K. Newton. Newton saw fit to bring a suit against the publishers of the *JOURNAL* for the alleged libelous character of the article, laying the damages at twenty thousand dollars. This suit was entered at the January term of the Superior Court, and removed to the Supreme Judicial Court of Suffolk County, in which the defendants appeared and answered, denying that the article was libelous, false, or malicious, and averring that the statements concerning the plaintiff were true, and also that the communication was privileged, as it is the province of the *JOURNAL* to discuss matters affecting the welfare of the community in relation to the honorable practice of medicine and surgery, and as a coroner is a public officer whose character and the manner of whose appointment are of public interest. By the statute law of Massachusetts either party to a suit may file questions to his adversary calculated to throw light on the issue to be tried, and if the party interrogated unreasonably refuses or neglects to give the required information, the court may order the non-suit or default of the recusant party. After the pleadings were completed the defendants filed interrogatories calculated, if fully answered, to sustain their position as to the character of the plaintiff. These questions the plaintiff saw fit not to answer, and on September 12, 1876, he submitted to the entry of judgment for the defendants. These are the bare facts; our readers will appreciate their importance. The plaintiff, rather than answer under oath certain inquiries into his antecedents, has chosen to abandon his suit, and seems to confess, by the entry of judgment for defendants, that our strictures were merited.

The gross abuses arising from our present system of appointing coroners have become evident to all, and we are glad to see that steps have been taken which in time may do away with the disgrace. The profession may depend upon us to do all in our power to hasten the reform.

MEDICAL NOTES.

—A late number of the *London Lancet* gives an account of two cases of poisoning by chewing the leaves of the Virginia creeper. The juice only appears to have been swallowed. Violent vomiting and purging, with collapse, followed. Large quantities of milk, with some rum, were given, after which the patients revived. It seems surprising, in view of the great prevalence of the vine in this country, that similar cases should not occur.

—An account of several cases of insanity relieved by acute disease is given

by George H. Savage, M. D., in *The Practitioner* for June, 1876. The first case was one of melancholia passing into partial dementia following child-birth. Five weeks after delivery the patient fell into a lethargic state, and had delusions that she was going to be poisoned. She was admitted into the Bethlehem Royal Hospital in a state of partial dementia. She was treated with a liberal diet and tonics. Seven weeks after admission she had most severe pains in lower part of abdomen, with constant vomiting. This continued for three days, drugs and other remedies giving no relief. A retro-uterine hæmatocele was diagnosed.

From the very onset of the pain and vomiting the patient changed completely in her mental state, and, instead of being dull and lethargic, became bright and pleasant, submitting to all necessary examinations and treatment willingly. She exhibited, too, affectionate interest in her husband and child. She was confined to bed for five weeks, and is now convalescing physically and is well mentally. She never has had any relapse since the development of the hæmatocele.

The second case was one of acute mania, of six months' duration, improving after toothache and the extraction of a tooth. From May to November, 1875, the patient was very noisy, destructive, and untidy. In the middle of November he had a severe toothache, and, after two or three days, the stump was removed. From this time the patient steadily improved, and at the end of December was perfectly well.

A third case of acute mania of four months' duration recovered after inflammation of the jaw. A fourth case was a temporary recovery from melancholia during erysipelas, and in a fifth of melancholia the symptoms were less severe while suffering from bowel obstruction, due to foreign bodies which had been swallowed. This patient was admitted in November, 1875. She was very suicidal. She improved for nearly a month, and then took to swallowing corks, buttons, and all sorts of things. She passed many of these articles, but after some days there were signs of obstruction. She had severe vomiting, and complained of severe abdominal pain, so that for several nights she was sleepless. During this period of pain she was free from delusions; she passed several more foreign bodies, including a mass of horse-hair, and then, on freedom from pain, was again depressed. The writer remarks, "It seems as if severe pain will do good, either by rousing into energy, or occupying the mind and getting it out of its deepening grooves; or the local irritation of a nerve, such as the fifth, so nearly connected with the brain, may alter the cerebral circulation." Galvanism through the head increased the force of the radial pulse on several occasions, thus, he thinks, showing that an influence may be caused in the central circulation by irritation of the extremities.

LETTER FROM PHILADELPHIA.

MESSRS. EDITORS, — The International Medical Congress, anticipated so many months with anxiety as to its success, with actual curiosity, too, as to what would be the character of a congress called together under unusual his-

toric circumstances, as to what might be the degree of interest in the meetings on the part of delegates who must necessarily feel the fascinations of the exposition, as to whether the foreign delegates, coming robed in the texture of the mature fame of older countries, would assimilate without condescension with the more youthful brotherhood of America, — this congress is now medical history.

Many were the prophecies of its indifferent success, if not failure. Under the influence of this half-heartedness some who might have added to the solid character of the congress stood aloof. How baseless this trepidation and these anxieties were has been already shown you by the report which preceded this letter. The congress was a superb success. By those who enjoyed its meetings, its earnestness, thoroughness, harmony, and faithfulness, it will ever be recalled not only with profound pleasure, with a sense of regret that it cannot be re-enjoyed, but in its conscientious fidelity to the duties of the hour, it will be regarded as a model to all future medical gatherings.

When I sat down last June to write you concerning the meeting of the American Medical Association, it was with a sickening sense of its shortcomings, its lack of fibre, system, and resolute purpose. A few bright lights cannot create the glow of a sun. A few earnest minds cannot secure the success of a large association. They must be supported by numbers of minds, which, though less brilliant than themselves, may be as earnest and as faithful to duty.

It is with an entirely different sensation that I undertake to tell you something of the International Medical Congress. This is a pleasure which might easily savor of enthusiasm, for this noble congress is the only large medical gathering I have ever attended which approached my ideal of what such an association should be. It gives me satisfaction to find that this feeling is general.

On Monday, September 4th, Prof. S. D. Gross, President of the Centennial Medical Commission, called to order the opening meeting of the congress in the beautiful chapel of the University of Pennsylvania. An invocation by the Right Reverend Bishop Stevens inaugurated the business of the week. Professor Gross then read a calm, eloquent, thoughtful address of welcome, in which he alluded to the difficulties and obstacles which the Centennial Medical Commission had successfully overcome, and bespoke lenity toward any portion of the arrangements which might seem incomplete.

The congress was then declared to be open. The committee on nominations consisted of four foreign and nine American delegates. They were empowered to nominate officers of the congress. They responded by nominating the list of names which was embodied in my general report. The choice of Professor Gross as president evidently gave universal satisfaction. He accepted the office rather as a compliment to Philadelphia than to himself, but we may believe him to be in error here. He assured the congress that this was the greatest honor of his life. As president, he was dignified, courteous, and skillful, and we had reason to be proud of the manner in which he attended to the details of his position.

The addresses which were read in general congress were, without exception

eloquent, well written, and of such interest as generally to hold the entire audience. Comparison of their relative merits would be misplaced. But I may say that the wise and thoughtful address of Dr. Bowditch on Hygiene and Preventive Medicine, which it was voted to distribute largely to governors of States and Territories, and to presidents of all regular medical organizations throughout the country, will probably work the greatest usefulness to the people at large; and that the brilliant, caustic address of Professor Chaillé, of New Orleans, on the inanity of the medico-legal status of America, and the inefficiency of our present general system of medical education, will, it is hoped, redound to the better preparation of medical graduates in the United States. It was frequently remarked during the week that these addresses were objectionable in an international congress, because they were strictly national in character, being for the most part sketches of the history of American medicine. But I think it may be hoped that the foreign delegates found them interesting in a historical and literary sense.

This congress was the outgrowth of the centennium of our nation's history. It would be almost cruel, then, to condemn the national spirit of these addresses, although under circumstances less historical they might with more wisdom have had wider geographical application, and might have been less overshadowed by the wings of our national bird. But, after all, is it not pardonable in Americans who have become venerable in medicine if they speak enthusiastically, boastfully even, of the surprisingly rapid growth of medicine in the United States, as well as of the noble men who have contributed so much to the reputation which the profession in this country have won? This gentle criticism is the sole stricture I have to offer upon the programme of the congress. It must be remembered, however, that foreigners who did not attend the congress had been invited to deliver addresses in general session. Had they done so, the strictly domestic character of these lectures would probably have been less evident.

My reference to the programme recalls its great usefulness and practicality. Delegates had only to refer to the work laid down for each day in order to decide in what direction to devote their time. Dr. Bowditch very truly remarked that if the American Medical Association would furnish its members with just such printed programmes of the daily work at their meetings, it would be more systematic and accomplish more.

The printed programme was not the only convenience of the congress. Every morning there were distributed newly-printed lists of delegates who had already registered their names. An immense poster in a prominent place gave the localities and rooms of the sections. Each room was indicated by the proper printed announcement, and even the lunch room, the whereabouts of which hungry men commonly discover without aid, was pointed out by a large paper hand. The noon lunch, by the way, was one of the features of the congress. With other things each delegate received a lunch ticket bearing six coupons. The lunches, furnished by the physicians of Philadelphia, were good and plentiful. Delegates, especially the workers, were much pleased to find that they could obtain tiffin without leaving the building.

One of the lower rooms was appointed with every convenience for correspond-

ence; daily papers were there, and there delegates met for social converse. Another room was devoted to post-office business, and there delegates found their letters. A third room was used for registration purposes.

On the lower floor of the building three of the recitation rooms were used by as many sections. The general congress and the remaining sections had separate rooms on the second floor. Every arrangement was convenient; there was no hitch, rub, or jar, and as a result everybody praised the executive committee in unstinted language.

Another element in this general success was a delightful freedom from noise of every sort. There is no such enemy to the smoothness of section work as the clatter of wheels, talk, noise of footsteps, etc. These were noticeable by their absence. So, then, the mechanical working of the congress was as frictionless as that of a Frodsham watch.

I have wandered from the meetings to minor details by reason of that pleasant anxiety to tell everything first which is invariably observable when one is happily satisfied with all parts of something enjoyable which one is trying to describe. I do not mean to take up the meetings in detail, but merely to give you general impressions.

At the opening session I fancied there was unusual interest because of the presence of distinguished foreigners. Everybody hoped that they would carry away pleasant impressions. This feeling had its influence in keeping things well in hand.

When the names of officers of the congress were announced, hearty applause followed the mention of Mr. Lister, of Edinburgh, as president of the Surgical Section, of Tufnell as vice-president, of Dr. Robert Barnes, of London, and Professor Simpson, of Edinburgh, as president and vice-president of the Obstetrical Section, and of R. Brudenell Carter as president of the Section on Ophthalmology. These distinguished men at once gave immense character and interest to their respective sections. On the second day of the congress Mr. Lister, by invitation of his section, explained his antiseptic system of dressings, including details of his many experiments upon bacteria. He spoke two hours and a half, was then questioned in regard to details, and spoke another hour. It was rather a doubtful thing for him to do, that is, if he were aware of the amount of time he was occupying. But the close and unceasing attention with which he was followed was not only a fine compliment, but may have been the reason of his prolixity. As a speaker Mr. Lister is ready and comparatively fluent. He is a handsome man, but upon the platform loses in good looks. Compactly built, with ruddy cheeks, side whiskers, and the shrewd, canny eye of a Scotchman, upon the platform he is apparently five feet six inches in height. You are surprised when you meet him to find his actual stature five feet ten inches. He has a laughing face, but his firm mouth and bright eye give it character. Modesty is stamped upon his every act and word, but he *does* believe in antiseptic surgery.

Tufnell, of Dublin, was not constant in his attendance, but was very interesting in his remarks on the treatment of aneurisms. In appearance he is a remarkable man: tall, powerfully built, with iron gray hair, flushed face, a clear blue or gray eye, long, prominent nose, high forehead, and a strong chin.

We generally find it easy to see what we think we see. In studying Tufnell's face, wearing one moment a look of almost childlike simplicity, the next an expression of keen humor, we think we trace the characteristics of the true Irishman, but are nonplused when we learn that by birth he is not Irish but English.

William Adams, of London, is a capital teacher. Nothing could be clearer than his paper on Subcutaneous Division of the Neck of the Femur, nor than his subsequent demonstration. He is a charming man, full of *bonhomie*, is not handsome, but has a face one likes to look at. He has a well-shaped, nearly bald head, arched forehead, heavy eyebrows, bright, steady gray eyes, unusually firm mouth and vigorous chin, and wears short, thick side whiskers. He is a good speaker, but uses the rising inflection, so English and so un-American.

These three men, Lister, Adams, and Tufnell, were the strongest of the foreign guests in the Surgical Section. No section worked harder nor with more fervor than this. The discussions on Mr. Adams's paper, that on Antiseptic Surgery, and that on Dr. Van Buren's paper on Aneurisms, were full of interest, were closely followed and thoroughly treated; but the field day was that which gave us the discussion on coxalgia, of which I sent you details in my general report.

Fancy a tilt between Gross and Agnew of Philadelphia, Lister of Edinburgh, Adams of London, Hingston of Montreal, Brodie of Detroit, Moore of Rochester, and Sayre of New York, and other lesser but not less earnest men! These gentlemen used no buttons on their foils. Thrusts were given in earnest. Finally it was found that Professor Gross, who led one side of the debate, would admit that although a child with coxalgia *must* have a strumous constitution, yet his ailment might be lighted up by some slight injury; and that Sayre, who was all on fire in support of his paper and as leader of the opposition, would allow that while in the majority of his cases there was no strumous taint, yet it might be present. Whereupon Mr. Lister, with a quiet smile, said, "Gentlemen, you do not seem to be far apart. I think you may easily harmonize;" and the discussion ended.

The Section on Obstetrics was fully as enthusiastic as the surgical, and was favored, too, by a double row of ladies, who sat statuesquely during every day's meeting. The section heard papers of great value discussed by strong men. Massachusetts was represented in discussion by Kimball, of Lowell.

By the bye, what a comfort it would be if the proper treatment of the pedicle of ovarian tumors could be found.

Dr. Barnes, of London, made an excellent president. In his absence Simpson, of Edinburgh, ably filled the chair. Dr. Barnes and Professor Simpson are as unlike in their physique and manner as two men could well be. Barnes is a little above the average height, and inclined to *embonpoint*; his head is large and bald, his eyes small but bright, his eyebrows heavy; he has fine white teeth, which he shows when he smiles, as he constantly does in conversation; he wears a full brown, peculiarly curly beard and mustache, upon a rather highly-colored face. His manner is hearty, cordial, jovial, and he is a ready talker.

Simpson has a face and head which recall saintly pictures. He is slight in figure, his dark hair is long and wavy and worn behind his ears, and he wears full dark side whiskers. He impresses you as being effeminate, but as you learn to know him and appreciate the strong earnestness of his general expression, you begin to feel his strength. This feeling grows upon you.

The Section on Biology was less fully attended than might have been expected. Dr. Harrison B. Allen's paper secured the largest audience; but Professor Johnston's paper on the Microscopy of the Blood awakened the liveliest sparring. In this connection I may as well put on record a rather sharp thing said by Dr. J. G. Richardson. Richardson remarked that he had understood Johnston to say that on examining a series of unlabeled slides, laid before him by Dr. J. J. Woodward, and which bore specimens of the blood of man, the dog, and the guinea-pig, he found he was liable to pronounce corpuscles of dog's blood to be those of man or the guinea-pig, and *vice versa*. This accorded with Dr. Richardson's own experience, but he would like to ask Professor Johnston whether, in case an Ananias (not Dr. Woodward) brought him a mounted specimen of blood, and, covering the name, told him it was sheep's blood, and he found the corpuscles averaging about one thirty-two hundredth of an inch in diameter, he would not be able to say, "Ananias, you lie!" "Of course," added Dr. Richardson, "by substituting for Ananias and his slide a criminal and his shirt stained by the blood of his victim, and for which he strives to account by asserting that the stain is the blood of a sheep he has just killed, we have in a nutshell the chief principle involved in this controversy."

The Section on Ophthalmology, ably led by the genial Dr. Brudenell Carter, of London, did much able work, and was unusually well attended.

Otology attracted only a few delegates, but the papers read were of excellent quality.

The Sections on Mental Diseases and Sanitary Science were supported by some of the ablest men in the congress; the attendance, though small, was far better than in the same sections at the last meeting of the American Medical Association.

There were prolonged discussions of very excellent papers in the Section on Dermatology and Syphilology. Dr. James C. White, of Boston, was chosen president of this section, and an abler, readier, better man for that chair could not have been found in the congress.

In the Section on Medicine there was much earnest discussion on important questions by men like Bowditch, N. S. Davis of Chicago, J. J. Woodward, U. S. A., Alfred Stillé, of Philadelphia. But the section would not assume the responsibility of opinions expressed in any of the papers read before it.

In short, as you may see, all was earnestness and faithfulness, in whichever direction we may turn. The sections most fully attended were the surgical, obstetrical, and medical, but all, without exception, did good work. There was no shirking. But few delegates were absent at the exposition. The whole affair was a constant source of enjoyment; there were no quarrels; all was harmonious, and speakers, no matter how hard they hit, were invariably courteous. As to the quality of the work done, Dr. Barnes told me he had never in

any London society seen better section work or more general earnestness of interest than in his own department. Mr. Lister and Mr. Adams said the same in regard to their section. Foreign delegates evidently found that the American physician possesses higher attributes than they had anticipated.

There was a noble-looking audience at the morning sessions. The many gray heads and earnest, manly faces, ripe with experience, the deep interest in every word and act, the constancy of these men in their attendance, were deeply impressive. It was a new era in American medicine. May we not hope that the American Medical Association, which, if it do not have Lister and Adams, Barnes and Simpson, Carter, Hueter, and Engelstet, still has among its members men equal to any of these, but who neglect their duty, — may we not hope that this association, incited by the glorious success of the International Medical Congress, will put forth more strength?

As an *entremet* the congress was invited on Wednesday evening to listen to Dr. Woodward's paper on The Medical Staff of the United States Army and its Scientific Work. The lecture attracted an audience who were richly entertained.

The social side of the congress included the reception given by the physicians of Philadelphia on Monday evening, the very elegant and hospitable receptions given by Drs. Wilson and Thompson on Tuesday evening, by Dr. Geo. Strawbridge on Wednesday evening, and by H. C. Lea and J. B. Lippincott on Thursday. Besides, scores of private dinners were given. Hospitality was lavishly bestowed.

The grand subscription dinner on Friday night was as enjoyable and as successful as every other feature of the congress had been. Professor Gross sat at the head of the central table; Mr. Lister sat on his right, supported by General Hawley; on his left sat Governor Hartranft, supported by Adams, of London. After the company of two hundred had discussed an excellent dinner, Professor Gross called for responses to several appropriate toasts. The speakers were Lister, Adams, Governor Hartranft, General Hawley, Professors Stillé, Dalton, Chaillé, Dr. Woodward, and Professor Hjort of Norway. All were eloquent. I wish I might make quotations; suffice it to say that the foreign speakers expressed the warmest satisfaction with the results of the congress, their sense of personal benefit, their surprise at the forwardness of medicine in America, and their gratitude for generous hospitality.

The closing meeting Saturday forenoon was marked by a general expression of fraternal feeling of pleasure in the splendid success of the congress, intermingled with good wishes and cordial farewells.

In boyhood's days, after the wearying, delightful pleasures of a Fourth of July, what one of us but wished the day might be enjoyed all over again? Such, it struck me, was the general feeling at the close of the most memorable medical union in our history.

PHILADELPHIA, September 14, 1876.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING SEPTEMBER 9, 1876.

	Estimated Population, July 1, 1876.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1875.
New York	1,061,244	506	24.79	29.35
Philadelphia	825,594	320	20.15	22.24
Brooklyn .	506,233			24.92
Chicago . .	420,000	224	27.73	19.75
Boston . .	352,758	162	23.88	26.20
Providence	101,500	38	19.46	19.02
Worcester .	51,087	32	32.57	20.91
Lowell . .	51,639	26	26.18	20.55
Cambridge	49,670	14	14.66	23.31
Fall River	50,372	20	20.64	23.99
Lawrence .	36,240	12	17.02	25.96
Lynn . .	33,548	22	34.10	19.23
Springfield	32,000	9	14.62	20.93
Salem . .	26,344	11	21.71	22.92

Normal Death-Rate, 17 per 1000.

THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES will hold its seventh annual meeting at the hall of the College of Physicians, Philadelphia, Pa., September 26, 1876, at ten A. M. Papers on the following subjects are announced:—

Causes of the Increase of Inebriety, by Dr. George M. Beard, of New York city.

Inebriate Asylums and their Management, by Dr. D. G. Dodge, Superintendent of the New York State Inebriate Asylum, Binghamton, N. Y.

Insanity and Inebriety Contrasted, by Dr. Joseph Parrish, Burlington, N. J.

Epilepsy and its Relations to Inebriety, by Dr. E. P. Mann, Superintendent of Ward's Island Emigrant Hospital, New York.

Duration, Mortality, and Prognosis of Inebriety, by Dr. T. D. Crothers, Assistant Physician of the New York State Inebriate Asylum, Binghamton, N. Y.

The address of the president, Dr. T. L. Mason, of Brooklyn, N. Y., will be delivered in the evening.

Other papers and reports of great interest will be read, and the sessions will last three days.

APPOINTMENTS IN THE MEDICAL STAFF, M. V. M.—Assistant Surgeon Horace E. Marion, Fifth Regiment of Infantry, to be Surgeon (rank major) of Fourth Battalion of Infantry, from September 4, 1876.

The following appointees having successfully passed the Board of Medical Officers organized by General Order No. 24, Adjutant General's Office, current series, have been commissioned:—

Walter Ela, Surgeon (rank major) First Battalion of Cavalry, from August 21, 1876.

Horace Chase, Surgeon (rank major) First Battalion of Infantry, from August 29, 1876.

John H. Kenneally, Surgeon (rank major) Ninth Battalion of Infantry, from September 2, 1876.

Nathan S. Chamberlain, Assistant Surgeon (rank first lieutenant) Sixth Regiment of Infantry, from August 21, 1876.

THE BOSTON SOCIETY OF MEDICAL SCIENCES will meet at the house of Dr. Putnam, 63 Marlboro' Street, on Tuesday evening, September 26th, at seven and a half o'clock. Annual meeting. JAMES J. PUTNAM, Secretary.

BOSTON SOCIETY FOR MEDICAL OBSERVATION.—A regular meeting of the society will be held on Monday evening, October 2d, at eight o'clock. Dr. J. G. Blake will report a case of Intestinal Obstruction of eighteen weeks' duration.